



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 2022

PURPOSE OF THIS INVESTMENT PLAN TEMPLATE

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) is providing this Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP using this Word file template. **Completed IPs must be submitted to DHCS no later than Friday, September 30, 2022.**

HHIP Program Submissions



INVESTMENT PLAN SUBMISSION STRUCTURE

The IP template has the following four components (with associated earnable points) and must be completed in full and submitted to DHCS no later than **September 30, 2022**. DHCS will not accept a submission if any of the components are missing (i.e., an incomplete submission) or unsatisfactory. MCPs participating in the HHIP across multiple counties must submit a separate IP for each county.

- **PART I: Investments:** MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:
 1. Which HHIP measures each investment is intended to impact; and
 2. Whether each investment will support MCP or provider/partner infrastructure and capacity (or both), or direct member interventions.
- **PART II: Risk Analysis:** MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description will include what steps the MCP might take to address these potential risks and barriers.
- **PART III: CoC Letter of Support:** MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP, and support the MCP's IP. The letter of support should be included with this IP submission **as an appendix**.¹
- **PART IV: Attestation:** MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission **as an appendix**.

As part of the HHIP submission 1 requirement, MCPs may detail any proposed prospective changes to the IP based on observed impacts and lessons learned from investments made during the measurement period. If prospective changes are not proposed, MCP must submit reaffirmation that the original IP (this submission) remains up to date. Retrospective changes are not allowable.

¹ If an MCP is operating in a county with multiple CoCs, the MCP must obtain letters of support from at least 50% of the CoCs in the county.

MCP INFORMATION

Provide the name and contact information for the MCP submitting this IP response.

MCP Name	Aetna Better Health of California – San Diego
Lead Contact Person Name and Title	James Trout, Senior Manager, Special Programs
Contact Email Address	troutj@aetna.com
Contact Phone	2488954877

PART I: INVESTMENTS

Using the table below, MCPs must submit a narrative describing specific investments they intend to make to overcome existing funding gaps and meet the goals of the HHIP. For each investment activity, MCPs should include details on anticipated:

- I. **Investment Activity:** Investment that will be made throughout CY 2022 and CY 2023 toward achieving the HHIP program goals to (1) ensure MCPs have the necessary capacity and partnership to connect their members to needed housing services, and (2) reduce and prevent homelessness.
- II. **Gap or Need Addressed:** Identify the existing funding gaps or county needs that the investment is intended to address and specify how the MCP identified this gap/need (i.e., in reviewing the HHAP², through conversations with the CoC). Funding gaps and county needs are defined as gaps/needs in housing-related infrastructure, capacity and provider partner capabilities that are not sufficiently funded to meet the needs of Medi-Cal beneficiaries.
- III. **Description:** Details of the investment activity, including anticipated:
 - a. Dollar amount. If the specific dollar amount is not known at this time, the MCP may provide a dollar range, which should be as narrow as possible.
 - b. Recipient(s). If the specific organization is not known at this time, the MCP may provide the type of recipient which should be defined as specifically as possible (i.e., all FQHCs in a defined geographic region, short-term housing shelters in need of beds).
 - c. Timelines for the investment activity, including potential plans for sustainability after the conclusion of the HHIP.
- IV. **HHIP Measures Impacted:** Specify HHIP measure(s) that the investment activity is intended to impact. In total across all investments, a minimum of ten measures that are designated “P4P” in either Submission 1 or Submission 2, or both, must be impacted.
- V. **Domain Targeted:** Specify whether the investment will support MCP or provider/partner infrastructure and capacity (or both), or serve as a direct member intervention.

MCPs may add additional rows to the table submission as needed.

² Materials for each round of HHAP can be accessed on the [HHAP website](#). MCPs should use the HHAP-3 assessment of funding availability to inform their IP submission (or the HHAP-2 assessment, if the HHAP-3 assessment is unavailable).

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
<i>Example : CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
			Dollar amount in this column represents the total SD investment for all plans. Each plan will pay a prorated proportion of this based on membership				Choose an item.

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
HMIS connection, reporting & assessment	<p>Low percentage of members assessed and connected to the homeless services system; inability to track member outcomes</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	Expand HMIS data sharing and reporting to enhance service delivery and track and report progress in achieving HHIP measures including evaluation of additional technological solutions; develop universal homelessness assessment; license and train Plans and healthcare providers in HMIS; provide incentives to healthcare providers for completing HMIS intake	\$300k - \$500k annually (contracts with other funders ranges from \$170k to \$245k. It is based on the SOW, number of analysts needed to support the reporting, consultants for training on best practices to providers)	CA-601 San Diego City and County CoC (Regional Task Force on Homelessness - RTFH)	10/2022-10/2023	1.2, 2.2, 2.3, 3.1, 3.2	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Coordinated Entry Integration	<p>Members who are identified as needing a housing resource, is enrolled in Coordinated Entry for housing match</p> <p>**Identified through regular meetings and collaboration with RTFH (SD COC) as well as utilizing the HHAP.</p>	<p>RTFH staff and consultants to update assessment and prioritization processes to better account for health care needs and promote equity. Increase number of access sites at hospitals, FQHCs, and high-volume ECM partners, which includes staff costs for training and connection to HMIS. Provide pay for performance incentives for enrolling members in CE</p>	\$145k annually to support CES (2 FTE)	RTFH	10/2022-10/2023	1.2	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Flexible Housing Pool, Landlord Incentives, Tenancy Supports	Lack of immediate and equitable access to housing **Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.	Invest in existing FHP to fund, locate, and secure additional housing in the private market for people experiencing homelessness , including funds for landlord incentives, tenancy supports, and flexible funding to resolve barriers to housing.	\$15k/unit in year one, \$7,500 ongoing. 100 units = \$1.5M year one, \$720k ongoing	RTFH (utilize existing contract with Brilliant Corners)	10/2022 – 10/2023 (First investment in October with additional investments in January and March 2023)	1.3, 3.4, 3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Prevention & Diversion	<p>Insufficient flexible funding to meet needs to prevent homelessness or to divert from shelter</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	<p>Consultant costs to train providers in diversion conversations. Increase flexible funding to problem solve and pay costs that are not eligible under federal programs</p>	\$400k annually	RTFH (expand existing Resolution Strategies program funded by HHAP)	1/2023 – 10/2023	1.3, 3.4, 3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Equity - Address disparities and equity in service delivery, housing placements, and housing retention	<p>Significant racial disparities exist in the population of people experiencing homelessness. The CoC adopted a set of recommendations from the Ad Hoc Committee addressing homelessness among black San Diegans. RTFH is also supporting the committee in developing and implementing an action plan to address these disparities.</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	Support vendor costs for data dashboard to monitor and identify disparities in housing and service delivery; support consultant costs to develop Diversity, Equity, and Inclusion training to be available in person and on-demand for contracted ECM and CS partners	\$150-\$200k	RTFH (using existing consultants and contractors: Gaither Stephens, Equity in Action)	10/2022 - 10/2023 (First investment in October and additional investment in January 2023)	1.6	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
CoC Program Support	<p>Additional capacity needed to support MCP participation and ensure complete geographic coverage for PIT Count</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	<p>Fund staff and professional services to provide technical assistance to MCPs for HHIP. Fund staff and consultants to support committees and revise community standards; consult with (and compensate) lived experience advisors; lead stakeholder engagement, and improve PIT count with mobile app upgrade, incentives for people completing surveys and volunteer recruitment.</p>	\$500k	RTFH	10/2022 – 10/2023	1.1, 1.6, 3.1, 3.2	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Expand SOAR Services	<p>Current SOAR programs do not have the capacity to meet the demand on their programs</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	Increase access to Social Security disability benefits for eligible children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder	\$550-\$600k based on average cost per person of \$2,700 x 200 people	RTFH expand existing contracts	1/2023 - 10/2023	1.2, 2.2, 3.1, 3.4, 3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Launch Shared Housing Initiative	<p>There is an insufficient number of affordable housing units. RTFH hosted a learning series to encourage shared housing as a necessary option.</p> <p>**Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.</p>	Implement the shared housing initiative. Bring on consultants to train in shared housing, landlord engagement, and stability services and develop and train to system-level roommate matching; invest in FHP to recruit landlords willing to enter multiple leases for a single unit	\$250k	RTFH	1/2023 - 10/2023	3.4, 3.5, 3.6	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Activities to Support Street Medicine	Inadequate access to basic needs services for the unsheltered during the day; harm reduction supplies and education not widely available **Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.	Provide a street respite/day center for unsheltered persons to access basic services and connect with care; offer harm reduction services	\$750-900k	Nonprofit - RTFH can help identify programs for investment	1/2023 – 10/2023	2.1	Direct Member Interventions
ID Bank	People experiencing homelessness do not have a safe place to secure documents needed to attain housing	Provide an ID bank to allow for safe storage of documents	\$400-\$500k	Nonprofit - RTFH can help identify programs for investment	1/2023 – 10/2023	3.5	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Housing Trust FundA15:H17	Inadequate funding makes new units available (through new construction or rehabilitation of existing buildings) **Identified through regular meetings and collaboration with RTFH (SD CoC) as well as utilizing the HHAP.	Investment into fund to provide grants and no or low interest loans to bring additional housing units online with a required affordability period; includes admin costs	Minimum investment of \$10 million	RTFH identify fund manager either using existing programs or establishing new. Fund would include multiple sources	1/2023 - 10/2023	3.4, 3.5, 3.6	Provider/ Partner Infrastructure
Launch Shared Housing Initiative	There is an insufficient number of affordable housing units. RTFH hosted a learning series to encourage shared housing as a necessary option. **Identified through regular meetings and collaboration with RTFH (SD	Implement the shared housing initiative. Bring on consultants to train in shared housing, landlord engagement, and stability services and develop and train to system-level roommate matching; invest in FHP	\$250k	RTFH	1/2023 - 10/2023	3.4, 3.5, 3.6	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
	CoC) as well as utilizing the HHAP.	to recruit landlords willing to enter multiple leases for a single unit					

PART II: RISK ANALYSIS

Using the space below, MCPs must submit a narrative response detailing a brief risk analysis for their IP, including:

- I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals.
- II. Which aspects of the IP might be affected by those factors; and
- III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

Description of Anticipated Contingencies (500 - 1000-word limit)

Aetna Better Health of California, in conjunction with RTFH and our healthy San Diego plan partners have worked very closely together to bring together this investment plan. We have identified closely the following risks:

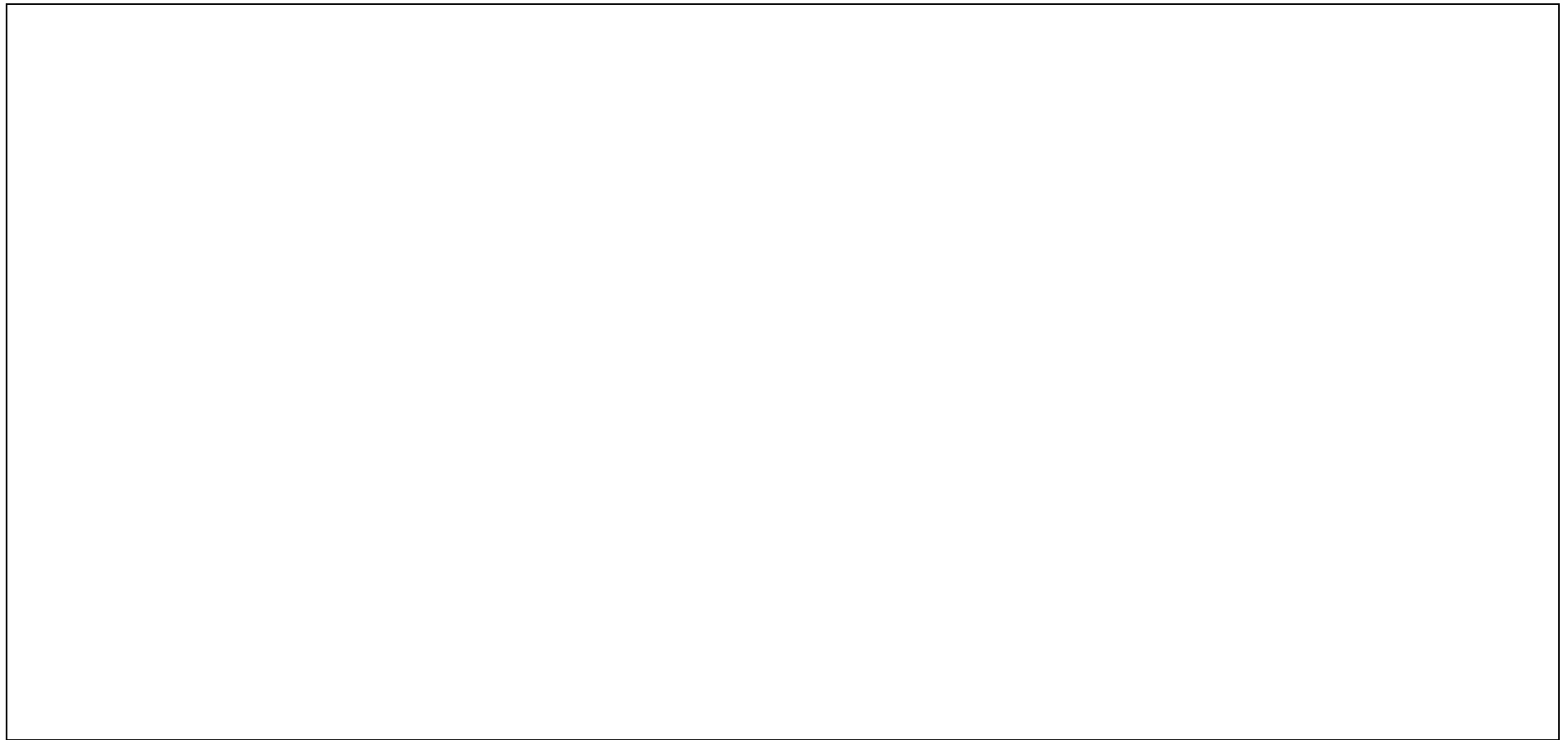
- Healthcare providers may not elect to enter information into another data system. Can P4P incentives continue to be paid after end of HHIP?
- Rental subsidies are needed to support housing costs and housing retention (keeping members housed). The FHP leverages rental subsidies of at least one year, ideally 2 years. Members would need to be entered into HMIS and enrolled in Coordinated Entry to be matched to a housing resource to access FHP.
- One-time funding to prevent homelessness might not be sufficient; ongoing support may be needed
- This plan will allow the CoC to identify disparities and test solutions in the short term, but making systemic change is a long-term project.
- Timely execution of a contract/agreement
- Organizations may only agree to expand service if support is provided for a longer period. Otherwise, may require quick ramp up then wind down
- Shared housing is currently used by some housing providers but could take time to become a regular practice that results in significant increases in housing placements.
- Day center costs will vary depending on size, location, hours, services, and number of staff. The timeframe for siting and staffing a day center could go beyond the HHIP performance period if an existing provider is unable to offer the service; ongoing support would be needed
- Timely execution of a contract/agreement
- Will not help meet immediate HHIP measures. This is a long-term investment to create needed units to house homeless members, improve health and reduce the cost of care.

The Above risks could affect the following aspects of the IP:

- Budget
- Staffing
- Timeline

Aetna will work together with our plan partners and Healthy San Diego to mitigate these as much as possible by:

1. Continuing to stay in close communication with RTFH and our plan partners
2. Have and hold regular stakeholder meetings on a weekly basis.
3. Collaborate to mitigate any of the above
4. Pivot our investment plan as needed to accommodate any of the above risks or other unforeseen factors.
5. Add additional investments as needed.



PART III: CoC LETTER OF SUPPORT

MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP response and support the MCP's IP. For MCPs in counties with more than one CoC, **at least 50% of CoCs** must provide signatures indicating their support.

The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.



September 22, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Regional Task Force on Homelessness (RTFH) serves as the HUD-designated Continuum of Care for the City and County of San Diego (CA-601). As the Continuum of Care, RTFH supports the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plans being submitted by the following six Medi-Cal Managed Care Plans (MCP) operating within San Diego:

- Aetna
- Blue Shield of California Promise Health Plan
- Community Health Group
- Health net
- Kaiser Permanente
- Molina Healthcare

This letter confirms that RTFH engaged and collaborated with **Aetna** in the development of their Investment Plan, provided recommendations on activities to meet the goals of the HHIP program, and reviewed the Investment Plan prior to submission to DHCS. RTFH understands that the Investment Plan reflects a non-binding, general direction for investments Aetna will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Aetna's HHIP investments are contingent upon them meeting HHIP measures over the two-year HHIP program. To this end, RTFH is committed to collaborating on an ongoing basis with Aetna and all MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please contact Aimee Cox, Chief Impact and Strategy Officer at Aimee.Cox@rtfhdsd.org.

Sincerely,

Tamera Kohler, CEO
Regional Task Force on Homelessness
Tamera.Kohler@rtfhdsd.org

Part IV: Attestation

MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets as of the date of signature. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee.

The signed attestation should be included with this IP submission as an appendix.


**Medi-Cal Managed Care
Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)
Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)**

Health Plan: Aetna Better Health of California

County: San Diego

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

By:	<u>Verne Brizendine</u>	<u>9.30.2022</u>
	Print name	Date
		<u>CEO, ABHCA</u>
	Signature	Title